

Support Group Information Survey

(Please fill in the applicable areas)

1. Sponsor's name _____
Unit _____ Rank _____
2. Home address _____
3. Home phone _____
Work phone _____
4. E-Mail address: _____
5. Your name _____
Birthday _____ Anniversary _____
6. Place of employment _____
Work phone _____
7. Children:
Name _____ Age _____ Birthdate _____
Name _____ Age _____ Birthdate _____
Name _____ Age _____ Birthdate _____
Name _____ Age _____ Birthdate _____
8. Location of children's schools: _____

9. Are you and your spouse expecting a baby? Yes _____ No _____
If yes, when is the due date? _____
10. Please list any family members with special needs _____
11. Do you have a driver's license? Yes ____ No ____ Access to a car? Yes ____ No ____
12. What foreign languages do you speak? _____
13. Does your spouse speak English? Yes _____ No _____

What other languages does your spouse speak? _____

14. Other than your spouse, who would you notify in an emergency? (Friend/neighbor)

Name _____ Relationship _____

Phone _____ Address _____

15. What are your hobbies and special interests? _____

16. When is the best time to call you? _____

17. What topics would you like to discuss or hear about at a Support Group meeting? _____

18. Could you help with any of the following? (Check any that apply.)

Support Group Activities _____

Telephoning _____

Fundraising _____

Newsletter _____

Baking _____

Planning _____

Other (Specify) _____

19. I give my permission for my phone number to be published in the Support Group

Contact Roster. _____ Yes _____ No

Your signature _____

Date _____

PRIVACY ACT STATEMENT

Authority: 10 U.S.C. Section 3010, 5 U.S.C. 522a

Principle Purpose Information will be used to provide support, outreach and information to family members.

Routine Uses: Primary Use of this information is to facilitate volunteers in providing command information to family members concerning unit events and in emergencies.

Mandatory or Voluntary Disclosure: Voluntary